



ALABAMA MEDICAID AGENCY

PREFERRED DRUG LIST

As a result of legislation passed by the Alabama State Legislature in June 2003, the Alabama Medicaid Agency implemented a mandatory Preferred Drug List, effective October 1, 2003. Brand preferred drugs, generics (some exceptions apply) and over-the-counter (OTC) drugs covered by Medicaid are available without prior approval. If a non-preferred drug is ordered, the practitioner will need to obtain prior authorization (PA). If approval is given to dispense the non-preferred drug, an authorization number will be provided. Antipsychotic and HIV/AIDS drugs are exempt from this requirement.

Below is an alphabetical listing of brand preferred products on the PDL. The drug name denotes all dosage forms and strengths unless noted. An asterisk (*) denotes a generic is available in at least one dosage form or strength. All covered OTC drugs and generic products (unless otherwise specified) are considered preferred. For a more complete list including non-preferred brands and more information concerning the PDL, please visit our website at www.medicaid.alabama.gov.

Adderall XR*	Eplusera ^{CC*}	Rebif
Advair Diskus*	Eucrisa ^{CC}	Relenza [†]
Advair HFA	Farxiga	Ritalin*
Aimovig ^{CC}	Flovent Diskus	Select-OB + DHA
AirDuo RespiClick*	Flovent HFA*	Serevent Diskus
Ajovy ^{CC}	Genotropin ^{CC}	Spiriva Handihaler
Anoro Ellipta	Harvoni ^{CC*}	Spiriva Respimat
Aricept*	Hemangeol ^{CC}	Stiolto Respimat
Arnuity Ellipta	Humira ^{CC}	Striverdi Respimat
Asmanex HFA	Humalog Mix	Sublocade ^{CC}
Asmanex Twisthaler	Incruse Ellipta	Suboxone ^{CC*}
Atrovent HFA	Invokamet	Symbicort*
Avonex	Invokana	Synjardy
Bepreve*	Janumet	Synjardy XR
Besivance	Janumet XR	Tamiflu ^{†*}
Betaseron	Januvia	Tecfidera*
Bethkis*	Jardiance	Toviaz
Blephamide	Jentadueto	Tradjenta
Breo Ellipta*	Jentadueto XR	Trulicity
Brilinta	Kazano*	Tudorza Pressair
Byetta	Kitabis*	Tysabri
Bystolic*	Kombiglyze XR	Ubrelyv ^{CC}
Cimzia ^{CC}	Lantus	Vascepa*
Cipro HC	Levemir	Ventolin HFA
Ciprodex*	Mavyret ^{CC}	Victoza
Citranatal 90 DHA	Nesina*	Vitafol Fe+ softgel
Citranatal Asssure	Nitro-Bid	Vitafol-Nano prenatal tablet
Citranatal B-Calm	Nitrostat*	Vitafol-OB
Citranatal Bloom	Novolog	Vitafol-OB+DHA
Citranatal DHA	Novolog Mix 70-30	Vitafol-One softgel
Citranatal Harmony	Omnaris	Vitafol Prenatal w/iron gummies
Clindesse	Omnitrope ^{CC}	Vitafol Ultra softgel
Combivent Respimat	Onglyza	Vyvanse (capsules)
Concerta*	Oseni*	Xarelto
Copaxone*	Oxytrol	Xigduo XR
Diastat*	Pradaxa*	Xofluza [†]
Diastat Acudial*	Premarin (tablets only)	Zepatier ^{CC}
Dulera	Prempro	Zetonna
Dymista*	ProAir Digihaler	Zomacton ^{CC}
Elidel*	ProAir HFA*	Zovirax (cream only)
Eliquis	ProAir Respiclick	Zubsolv ^{CC}
Enbrel ^{CC}	Proventil HFA	Zylet
Entresto	Pulmicort Flexhaler	

[†]The preferred status of this product is contingent upon statewide influenza epidemiology status as reported by the CDC. Effective 4/1/2023

^{CC} Denotes agent is preferred with clinical criteria in place.